

## SEARCH REQUEST FORM

## Scientific and Technical Information Center

Requester's Full Name: Alan Rahimi Examiner #: 79079 Date: 9-15-03  
 Art Unit: 2626 Phone Number 30 9-3473 Serial Number: 09809753  
 Mail Box and Bldg/Room Location: PLT 4D43 Results Format Preferred (circle): PAPER  DISK  E-MAIL

If more than one search is submitted, please prioritize searches in order of need.

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Please provide a detailed statement of the search topic, and describe as specifically as possible the subject matter to be searched. Include the elected species or structures, keywords, synonyms, acronyms, and registry numbers, and combine with the concept or utility of the invention. Define any terms that may have a special meaning. Give examples or relevant citations, authors, etc, if known. Please attach a copy of the cover sheet, pertinent claims, and abstract.

Title of Invention: \_\_\_\_\_

Inventors (please provide full names): \_\_\_\_\_

Earliest Priority Filing Date: 1-29-2000 9-30-1997

\*For Sequence Searches Only\* Please include all pertinent information (parent, child, divisional, or issued patent numbers) along with the appropriate serial number.

See attached

9-15-03 1110

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STAFF USE ONLY

	Type of Search	Vendors and cost where applicable
Searcher: <u>Pamela Rygobelle</u>	NA Sequence (#) <input type="checkbox"/>	STN <input type="checkbox"/>
Searcher Phone #: <u>306-0255</u>	AA Sequence (#) <input type="checkbox"/>	Dialog <input type="checkbox"/>
Searcher Location: <u>3C03</u>	Structure (#) <input type="checkbox"/>	Questel/Orbit <input type="checkbox"/>
Date Searcher Picked Up: <u>9-25-03</u>	Bibliographic <input checked="" type="checkbox"/>	Dr.Link <input type="checkbox"/>
Date Completed: <u>9-25-03</u>	Litigation <input type="checkbox"/>	Lexis/Nexis <input type="checkbox"/>
Searcher Prep & Review Time: <u>54</u>	Fulltext <input checked="" type="checkbox"/>	Sequence Systems <input type="checkbox"/>
Clerical Prep Time: _____	Patent Family <input type="checkbox"/>	WWW/Internet <input type="checkbox"/>
Online Time: <u>1110</u>	Other <input type="checkbox"/>	Other (specify) <u>IPM/TDS</u>